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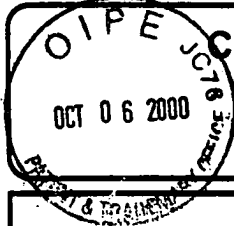
CPA/6AM-2757 \$

PTO/SB/29 (12/97)

Approved for use through 09/30/00. OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.  
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

CHECK BOX, if applicable: 10-17-00

☐ DUPLICATE

Address to:

Assistant Commissioner for Patents  
Box CPA  
Washington, DC 20231

Attorney Docket No.

555255012073

First Named Inventor

Mousseau

Express Mail Label No.

EL486351838US

Total Pages

34

This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d),

(continued prosecution application (CPA)) of prior application number 09 / 087,623

filed on 05/29/1998, entitled System And Method For Pushing Information From A Host System To A Mobile Data Communication Device

## NOTES

**FILING QUALIFICATIONS:** The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b) and filed on or after June 8, 1995, or (2) the national stage of an international application in compliance with 35 U.S.C. 371 and filed on or after June 8, 1995.

**C-I-P NOT PERMITTED:** A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b).

**EXPRESS ABANDONMENT OF PRIOR APPLICATION:** The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.

**ACCESS TO PRIOR APPLICATION:** The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

**35 U.S.C. 120 STATEMENT:** In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a).

- ☐ Enter the unentered amendment previously filed on \_\_\_\_\_ under 37 CFR 1.116 in the prior nonprovisional application.
- ☒ A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4).
  - ☐ DELETE the following inventor(s) named in the prior nonprovisional application:  
.....
  - ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- Information Disclosure Statement (IDS) is enclosed:
  - ☒ PTO-1449
  - ☐ Copies of IDS Citations

10/11/2000 SDUONG 00000123 501432 09087623

01 FC:131 710.00 CH  
02 FC:102 1440.00 CH  
03 FC:102 550.00 CH

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

| CLAIMS   | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|--|---------|------------------|------------------|-------------------------------|------------------|
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   | 51      | -20 =            | 31               | x \$ 18.00 =                  | \$ 558.00        |
| INDEPENDENT CLAIMS(37 CFR 1.16(b))   | 21      | -3 =             | 18               | x \$ 80.00 =                  | 1,440.00         |
| MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))                 |         |                  |                  | + \$ _____ =                  | -                |
|  |         |                  |                  | BASIC FEE<br>(37 CFR 1.16(a)) | 710.00           |
|  |         |                  |                  | Total of above Calculations = |                  |
| Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). |         |                  |                  |                               |                  |
|  |         |                  |                  | TOTAL =                       | 2,708.00         |

## 6. Small entity status:

- a. ☐ A small entity statement is enclosed.  
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
c. ☒ Is no longer claimed.

## 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. \_\_\_\_\_ - 501432 : [account 555255012073]

- a. ☒ Fees required under 37 CFR 1.16.  
b. ☒ Fees required under 37 CFR 1.17.  
c. ☐ Fees required under 37 CFR 1.18.

8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.9. ☒ Other: ...post card.....**NOTE:**

The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

| 10. NEW CORRESPONDENCE ADDRESS                             |  |  |  |  |  |
|--|--|--|--|--|--|
| <input type="checkbox"/> Customer Number or Bar Code Label |  | <div style="border: 1px dashed black; width: 200px; height: 80px; margin: 0 auto;"></div> <p style="text-align: center; font-size: small;">(Insert Customer No. or Attach bar code label here)</p> |  | or <input type="checkbox"/> New correspondence address below |  |
| NAME   |  |  |  |  |  |
| ADDRESS  |  |  |  |  |  |
| CITY   |  | STATE  |  | ZIP CODE   |  |
| COUNTRY  |  | TELEPHONE  |  | FAX  |  |

## 11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

|           |                         |
|-----------|-------------------------|
| NAME      | David B. Cochran        |
| SIGNATURE | <i>David B. Cochran</i> |
| DATE      | 10/6/2000               |